

OCCUPATIONAL THERAPY NOW

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Enabling healthy communities**

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their safest fit**

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SPECIAL ISSUE:

2014 CAOT Conference
**Reflection on occupation: Enabling
healthy communities**
Fredericton, New Brunswick





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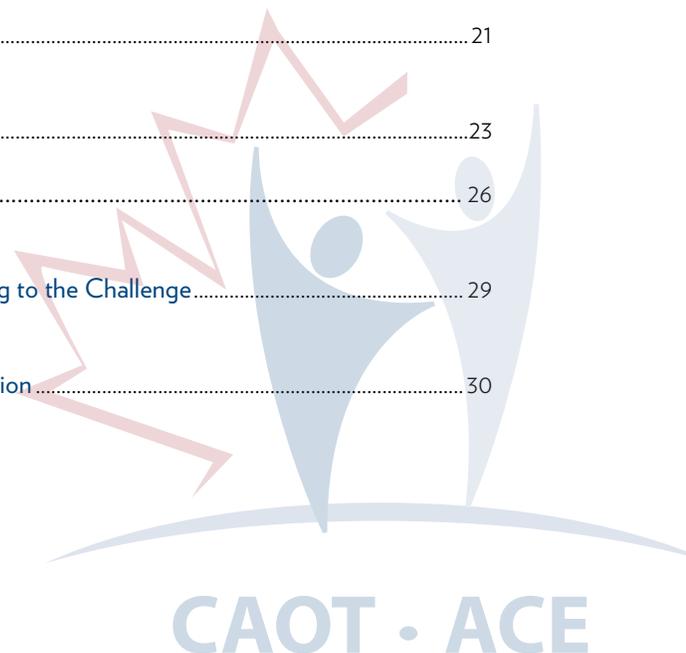
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The 2014 CAOT Conference in Fredericton, New Brunswick: A home away from home

Nicolas McCarthy, CAOT communications officer

Fredericton, New Brunswick, welcomed delegates to the 2014 CAOT Conference, co-hosted by the Canadian Association of Occupational Therapists (CAOT) and the New Brunswick Association of Occupational Therapists (NBAOT). This year's theme was "Reflection on occupation: Enabling healthy communities," which reflected Fredericton's reputation as a smart and sustainable city. Throughout the entire conference, participants felt the warmth and generosity of the people of Fredericton, as well as that of our conference host committee who organized events and entertainment that highlighted the proud and distinct New Brunswick culture.

The conference took place in the Fredericton Convention Center from May 7-10, 2014, and was the setting for over 400 delegates to convene and share knowledge, attend presentations and most importantly, rekindle new and past friendships and connections. This year, pre-conference workshops included CAOT's first CarFit public education event, which took place in the beautiful Fredericton sun (more details are found on page 7).



Dance Fredericton at the opening ceremonies.

During the opening ceremonies provincial pride was on display with a traditional welcome from Mr. Richard Paul of Kingsclear First Nation and addresses from Mayor Brad Woodside; NBAOT past-president, Annie Robichaud; as well as Horizon Health Network's chief operating officer, Andrea Seymour. Performances included a young fiddler named Sydney Murgatroyd, whose jigs and reels got the audience clapping hands and stomping feet. Next, the audience was delighted by two performances from *Dance Fredericton*. This group of dancers aged 13 and under provided a modern twist on a step dance and an impressive 'skeleton dance' that left

the audience speechless. The keynote speaker, Dr. Colleen O'Connell, spoke about the importance of occupational therapy and of giving back to communities both locally and internationally, which she exemplified with discussions of her work in New Brunswick and Haiti (see page 9 to learn more).

To celebrate the new edition of the *Canadian Occupational Performance Measure*, golden tickets for a free copy were hidden in five delegate conference bags. Membership services introduced 'benefits bingo,' which highlighted 12 separate CAOT member benefits. Delegates were encouraged to collect all 12 benefit postcards to be eligible for a prize. There was also an online version asking followers to retweet or share the 12 postcards. Members overwhelmingly took part in this activity and in doing so learned more about their exclusive member benefits.

Immersing themselves in the conference program, delegates were presented with over 115 papers and poster presentations, as well as ten extended discussion sessions to choose from. CAOT was also proud to offer 21 simultaneously translated sessions. This allowed French presenters to share their work in their first language with English colleagues.

One professional issue forum delved into strategies for interprofessional collaboration and education, while the other on suicide prevention and the role of occupational therapy had some emotional moments and inspired participants to work on addressing challenges in this area. Both forums empowered and engaged delegates by providing opportunities to discuss strategies to position occupational therapists in these areas of practice (see pages 11 and 13 to learn more).



Dr. Claire-Jeanne Dubouloz with CAOT President, Paulette Guitard, after the Muriel Driver Memorial Lecture.

Embracing the use of a story, Dr. Claire-Jeanne Dubouloz provided a thought-provoking Muriel Driver Memorial Lecture, titled “Transformative occupational therapy? We are wired to be transformers...” in which she followed the journey of ‘Billy’ through the transformation process. The story demonstrated the importance of a client’s readiness for change in the transformation process. During the awards ceremony, many individuals and organizations were recognized (see page 23 for more details).



The 2014 CAOT awards.

The conference organizing committee hosted an 80s night at the historic Boyce Market for this year’s social event. The event was a celebration of all things 80s, with delegates dressed in ‘rad’ and ‘outrageous’ costumes. After the dinner, COTF held its annual auction that saw colleagues and friends bid against one another for popular items, including art, handmade quilts, and returning items, such as Isobel Robinson’s spoons and a zebra hat and purse. To end the night, an 80s-inspired cover band, Pretty in Pink, rocked the market with some of the best songs from that decade, bringing everyone onto the dance floor. The bonds and friendships that exist among occupational therapists in Canada were evident at this event.



Delegates bring on the neon at the 80s-themed social.

In this year’s plenary session, Chris Summerville explored mental health and the need to think of recovery as more than symptom reduction. Chris used his own personal story to discuss and reflect about mental health services, while

providing the audience with some laughs and insights on how better care could be developed and offered.

As conference came to a close, CAOT’s president, Paulette Guitard, shared her thoughts about professional identity and what occupational therapy means to her and to clients. Paulette shared how her daughter was inspired to become an occupational therapist, leading listeners to reflect on their chosen profession and what led them to it (see page 26 to read more).

Co-convenors, Tara Forster and Lori Massie, closed conference with the introduction of a conference survival guide, a notebook in which each year conference co-convenors will share advice to be passed on to the next conference host committee. Natalie MacLeod Schroder and Gina DeVos, co-convenors for the 2015 CAOT Conference, took the stage for the first time to welcome and encourage everyone to join them in Winnipeg from May 27-30, 2015. The theme of this conference, “Occupational Justice: Rising to the challenge,” will coincide with the opening of the Canadian Museum for Human Rights, which will open in Winnipeg this fall.



Thank you to Maura DuLong for serving as the conference photographer this year. Her photos are featured throughout this issue.

What's new



2014 CAOT Conference sessions available online

Many sessions from this year's CAOT Conference were recorded and are available online for purchase at the CAOT Live Learning Centre: <http://caot.sclivelearningcenter.com> Recorded sessions make great training tools for you and your colleagues to enrich your professional development year-round. As a bonus, purchasing the 2014 conference recordings will also get you recordings from the 2012 and 2013 conferences at no additional cost!

NEW Occupational Therapy Now call for papers

March 2015 – Support personnel in occupational therapy
Submission deadline: October 1, 2014.

We are looking for submissions that describe:

- Examples of the assignment and supervision process: e.g., what is assigned, when supervision happens and who does what.
- Occupational therapists and support personnel working collaboratively to enhance client outcomes.
- Support personnel experiences of working within an interprofessional team.
- Client stories of involvement with the occupational therapy partnership of an occupational therapist and a support person.
- Support personnel experiences with education programs, fieldwork, ongoing educational requirements and career laddering.
- Advances in the accreditation process of education programs.
- Perspectives on provincial regulatory expectations.

To view the full call for papers, go to: www.caot.ca > Professional Development > Periodicals and Publications > Occupational Therapy Now
To discuss possible submissions, contact: otnow@caot.ca

CAOT service awards

The Canadian Association of Occupational Therapists congratulates and recognizes the following employees for their contribution and dedication to the success of the organization!

Jeanne Salo, Membership Services Associate: 5 years of service

Vicky Wang, Director of Finance: 5 years of service

Suzanne Kay, Administration Manager: 6 years of service

Janet Craik, Interim Executive Director: 9 years of service

Danielle Stevens, Graphic Design and Production Manager: 13 years of service

Lisa Sheehan, Conference and Advertising Manager: 17 years of service

CAOT membership renewal

Early-bird renewal for the 2014-2015 year opens on August 15, 2014. You will receive a renewal package in the mail in the coming weeks.

Stay tuned to find out about this year's renewal theme and the value of your membership! Coming this fall, CAOT has new and exciting products and services lined up for our members. We value your feedback. Don't hesitate to contact us with your ideas and comments. Our membership services team, Caleb, Jeanne and Diane, are here to help you and can be reached at: 1-800-434-2268, ext. 221 or membership@caot.ca

CAOT member access to *Work is back!*

CAOT members now, once again, have access to *Work: A Journal of Prevention, Assessment & Rehabilitation*. Access it through the CAOT website at: <http://www.caot.ca/default.asp?pageid=2392>

Canadian Occupational Therapy Foundation news

2014 COTF research grant competition winners

Congratulations to the following CAOT members who are winners in the 2014 COTF research grant competition:

- Joanne Park, "The effectiveness of Motivational Interviewing as an interventional tool for improving return to work rates for injured workers" (Clinical Research Grant)
- Heidi Schwellnus, "A trial of coaching with children and youth with cerebral palsy focused on enabling participation in recreation and leisure activities" (COTF Research Grant)
- Ben Mortenson, "Collaborative Power mobility Integrated Learning Opportunity (CoPILOT)" (COTF Research Grant)

New award

COTF is pleased to announce that a new award is forthcoming in memory of Barb Worth, former registrar of the College of Occupational Therapists of Ontario. Thank you to the many friends and family who made donations to COTF in her name. For more information on how to contribute to this award, or to donate to COTF in honour of a special person in your life, contact Anne McDonald (amcdonald@cotfcanada.org) or Sangita Kamblé (skamble@cotfcanada.org).

2014 scholarship competition

The 2014 scholarship competition deadline is October 1, 2014. Please visit www.cotfcanada.org for more information.

CAOT annual general meeting and board meeting highlights

The 2014 annual general meeting (AGM) of the Canadian Association of Occupational Therapists (CAOT) was held on Thursday, May 8, at 8:00 a.m. AST in Fredericton, New Brunswick, in conjunction with the CAOT annual conference. CAOT was proud to host over 100 members in person and others via webinar.

CAOT members received reports from the president, interim executive director, and the secretary treasurer. Members also approved the application for the Certificate of Continuance of the corporation under the Canada Not-for-profit Corporations Act (CNCA). To comply with CNCA, some bylaw changes are required. Last year changes in membership categories were voted in. This year changes to bylaws regarding the timing of the annual general meeting, as well as the elections of officers and directors were discussed and approved by members. In summary, starting in March 2015, CAOT members will have the option to access the AGM via webinar individually in their location of choice or at a CAOT-hosted site in locations across Canada. Furthermore, CAOT is committed to ensuring that all AGM webinars are hosted at a time of day that is within regular business hours across all time zones.

The new CNCA has also changed the process of the elections of CAOT's Board of Directors. CAOT will now accept nominations for the recommendation of provincial and territorial directors no later than December 1 of each year. The new nominations deadline allows members to review candidates and make recommendations for incoming director positions prior to the AGM. In the event that more than one participant comes forward, the one receiving the highest support from that province's membership will be presented for election at the AGM. At the AGM, members will validate the entire board of directors with a vote.

The composition of the board has not changed. Each province is represented by a director. The three territories share one director. The board also includes an external director (formerly called the external member, a non-occupational therapist), a World Federation of Occupational Therapists (WFOT) director (formerly called the WFOT delegate), a treasurer (formerly called the secretary treasurer, but changed to reflect current practice), and a president. The president is elected one year prior to the beginning of his or her mandate. Upon election, the elected member will be invited to attend board meetings as part of training and orientation for the beginning of his or her term of office.

Appointment of Board of Directors 2014-15

- President: Lori Cyr
- Treasurer: Jean-Pascal Beaudoin
- Territories: Alison Sisson
- British Columbia: Les Smith
- Alberta: Judy Lee
- Saskatchewan: Cheryl Johnston
- Manitoba: Lisa Diamond-Burchuk

- Ontario: Phillip Wendt
- Quebec: Martine Brousseau
- New Brunswick: Nicola MacNaughton
- Nova Scotia: Carolyn Kelly
- Prince Edward Island: Marilee Miller
- Newfoundland and Labrador: Melissa Greene
- External director: Elliot Paus Jenssen
- WFOT director: Sandra Bressler

Following the 2014 CAOT Conference, the board of directors held a one-day meeting on Sunday, May 11, 2014, at the Crowne Plaza Lord Beaverbrook Hotel. The highlights of this meeting included:

Finance and operations

- The CAOT 2013-2014 operations report was received.
- The CAOT-BC 2013-2014 operations report was received.
- The CAOT-BC Strategic Planning Day Report was approved.
- The COTF Service and Donation Agreements were approved for 2014-2015.

Appointments

- Nicola MacNaughton was appointed vice president, effective October 1, 2014.
- Les Smith was appointed parliamentarian, effective October 1, 2014.

Canadian Journal of Occupational Therapy

As part of CAOT's ongoing green initiatives, all members will continue to have free online access to the *Canadian Journal of Occupational Therapy (CJOT)*. CAOT encourages its members to sign up for email alerts and tables of contents, and to take advantage of the enhanced online readership benefits, such as the toll-free citation links. Members wishing to receive a hard copy can opt in during membership renewal. Please note that as of October 1, 2014, there will be a minimal fee to cover printing, shipping and handling. The current price will be \$20 per year. Sign up for email alerts through SAGE Journals to be the first to know when new issues or articles are published online. For more details please visit: <http://cjo.sagepub.com/cjo/alerts>

CAOT would like to thank all members who participated in the AGM. CAOT is dedicated to serving the needs of its membership and occupational therapy in Canada. The next AGM will be held via webinar in March 2015. Additional information can be found at: www.caot.ca/agm

CarFit: Helping mature drivers find their safest fit

Lara Belagamage, Julie Lapointe and Nicolas McCarthy

Older adults represent the fastest growing proportion of the driving population, with roughly 2.7 million drivers over the age of 65 on Canadian roads today (Transport Canada, 2013). In 2011, older adults made up 14.4% of the total Canadian population. By 2051, one in four Canadians is expected to be 65 years or older (Employment and Social Development Canada, 2014). Many older adults want to continue driving as it enables them to go places they need to go and want to go – in other words, to participate in meaningful occupations (Gaines, Burke, Marx, Wagner, & Parrish, 2011). Unfortunately, traffic-related fatality and injury rates among older drivers have been disproportionately high relative to their number of kilometers driven (Koppel, Bohensky, Langford, & Taranto, 2011). Because driving is such an important occupation for many older adults, it is important that strategies are in place to help them continue driving safely.

In the United States, the American Occupational Therapy Association (AOTA), the American Automobile Association (AAA) and AARP (formerly known as the American Association of Retired Persons) collaboratively developed the CarFit program, as they felt that “the older driving population could benefit from learning about their vehicles and how to properly use the vehicle safety features for optimal benefit and potential reduction of injury and fatality in the event of a crash” (Stav, 2010, p. 590). The Canadian Association of Occupational Therapists (CAOT) is excited to now be involved with the program, having offered its CarFit event and training at the 2014 CAOT Conference.

CarFit program

CarFit is a free, interactive, community-based program developed to appraise driver-vehicle fit and to provide education on the use of vehicle safety features. As Elin Schold Davis, an American occupational therapist and one of the developers of CarFit, told participants in Fredericton, the program’s ultimate aim is “helping people stay on the road as long as they [can safely do so].”

The program has three objectives:

- 1) Open up a conversation about adjusting car safety features;
- 2) Promote safe driving practices; and
- 3) Provide information on community-specific resources (AARP, American Occupational Therapy Association, & American Automobile Association, 2014).

The CarFit program is standardized and revolves around a 12-point checklist that is administered at different stations. The program is run by volunteers primarily serving as CarFit technicians, CarFit coordinators and CarFit occupational



CarFit workshop delegates celebrating a successful event.

therapy practitioners who are required to follow a well-developed training curriculum (AARP et al., 2014). CarFit technicians complete the checklist while providing education to the drivers. They must have good observational and communication skills when interacting with drivers. CarFit coordinators host events, manage the logistics of the event and provide training to the other volunteers. CarFit-trained occupational therapy practitioners bring an understanding of aging and medical conditions to the conversation. As a trained volunteer, the practitioner discusses possible ‘red flag issues’ and concerns with the driver. The interaction is at the level of education only and does not cross into the provision of therapy.

First Canadian CarFit training

CarFit training was offered at the CAOT Conference in Fredericton on May 6 and 7, 2014, resulting in the first Canadian-trained cohort of volunteers in all three positions. The intent of this training was to build capacity and leadership so that these new CarFit volunteers can return to their homes and offer the CarFit program in their local communities.

The workshop began with a manual-based instruction session led by the highly engaging Elin Schold Davis. Following the in-class workshop, delegates hopped on a school bus to go to the CarFit event site, which was a large and secured parking lot. The event enabled delegates to apply and consolidate their newly acquired skills. CAOT, in partnership with the Canadian Automobile Association (CAA) Atlantic, recruited mature drivers interested in receiving CarFit education.

The event was a great success on all fronts. Over the course of the pre-conference workshop, 28 delegates participated in the training and 14 mature drivers participated in the CarFit event, allowing ample opportunity for delegates to become comfortable with the CarFit process. To add to the excitement,

CBC reporter, Roy Gjelstad, made an appearance and featured the event in a local television news piece. Barbara Scott, a reporter for the Daily Gleaner who writes a column called Boomer Beat, also paid a visit to the event. Her goals were to report on CarFit and to participate in it as a driver.

Delegates' and mature drivers' experiences

When drivers were asked about their overall experience at CarFit they frequently reported: 1) feeling good about having some of what they already do reaffirmed as being appropriate or 'the right thing to do' and 2) being extremely pleased with learning about and how to adjust the various safety features in their vehicles. One driver shared that his biggest take-away from the event was "learning how I can adjust my mirrors to decrease the blind spot."

Other valuable insights from drivers came from those who attended the event with their partners or spouses. Sharing the CarFit experience with one's significant other seemed to enhance the value of the information received. A driver shared that he was surprised to learn that his wife was unaware that her vehicle's seatbelt was adjustable, stating, "I didn't know what she didn't know!"

Feedback from various stakeholders involved in the process was highly positive with praise coming from numerous drivers about both the program and the delegates involved with this event. One driver expressed a deep gratitude for the team, stating that they were "attentive, sincere and really wanted to make sure people are doing the right things to be safe [when driving]." When drivers were asked what they would tell others who were interested in attending a CarFit event, the prevalent answer was "go!"



CarFit instructor, Elin Schold Davis, explaining to delegates how to evaluate driver-vehicle fit.

Delegates were also quite enthusiastic, as they too saw the benefits of the program. For instance, Dr. Brenda Vrkljan, an occupational therapist and associate professor at McMaster University, said that she really appreciated the practicality of the program and valued the opportunity the program creates for occupational therapists to practice in a health promotion and education capacity. When asked what her hope is for the CarFit program in Canada, she shared that she hoped it would be offered all over the country, including in rural areas "because driving in rural areas is very important and meaningful for people living in these communities."

Conclusion

Occupational therapists are well positioned to have a unique role in the CarFit program due to their in-depth expertise in understanding the interplay between person, environment and occupation. Furthermore, the education provided through the CarFit program enables participants to more safely engage in the occupation of driving. Working to enhance older drivers' safety through the CarFit program is one way occupational therapists can contribute to building healthy communities.

For more information about CarFit visit www.car-fit.org or contact CAOT at: practice@caot.ca

Note of thanks: CAOT would like to thank Avenue Innovations Inc. for providing the Fredericton CarFit delegates with a Handybar and CAA Atlantic for providing security vests at the event.

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2014 CAOT Conference keynote speaker

Why occupational therapy matters: Enabling healthy communities

Colleen O'Connell

I have been extremely fortunate to have had the privilege and the opportunities to work in many areas of the world. Typically these have been areas that in decades past would have been called 'developing' or 'Third World,' geographically called the Southern Hemisphere. These areas of the world seemed truly foreign – distant or surreal – and certainly not comparable to our reality in Canada.

However, the forces of globalization (both positive and negative) have dramatically changed our world in a fundamental way. Over the past 15 years there has been a shift towards a greater awareness of the lives lived by our neighbours, and, with that, a heightened recognition of the realities that can affect individuals, families and communities. Low family incomes and unemployment; limited infrastructure and resources; environmental, political, and social unrest and instability; natural and man-made disasters, including conflict: all of these factors impact on one's access to the basic necessities of life, and as a result, impact on health. In March 2012, the world population reached seven billion persons, 80% of whom live within this type of reality of low resources, economic hardship and health risks. This 80% is not limited to what we previously attributed to the 'Third World' or to developing countries; persons and communities in all regions of the world - South Asia, East Asia, East Europe, Africa, Latin America and the member countries of the Organisation for Economic Co-operation and Development - including our own communities, live daily with these challenges. This is the majority world (Gapminder, n.d.).

The first ever *World Report on Disability*, produced jointly by the World Health Organization and the World Bank (2011), suggests that more than a billion people in the world today, or 15% of the global population, experience disability. Eighty-five per cent of these live in the majority world, the poorest of the world's poor (World Health Organization & The World Bank, 2011). People with disabilities experience poverty more intensely than those without. They have generally poorer health, lower education achievements, fewer economic opportunities and higher rates of poverty than people without disabilities. This is largely due to the lack of services available to them and the many obstacles faced in their everyday lives. This report provides evidence about what interventions can work to overcome barriers to health care, rehabilitation, education, employment and support services, and to create the environments that will *enable people with disabilities to flourish* (World Health Organization & The World Bank,

2011). This, then, is the challenge - a challenge that I see occupational therapists equipped to take up and respond to: to enable healthy communities.

When preparing for this address, as any sophisticated researcher would do, I identified the keywords that I felt represented not just my passions, but what I felt was important in this theme of enabling healthy communities: 'globalization,' 'disability and the majority world,' 'occupational therapy.' I entered these keywords into an internet search engine for scholarly articles. Among the top returns was an article: "Globalization, universities and the future of occupational therapy: Dispatches for the majority world" (Thibeault, 2006). This in fact was the published keynote address for the 14th Congress of the World Federation of Occupational Therapists, delivered by Dr. Rachel Thibeault, professor of occupational therapy at the University of Ottawa. In her address, Dr. Thibeault challenges that schools of occupational therapy need to train their students and provide the environments that will graduate global citizens and prepare occupational therapists so that they can address the "big picture" (Thibeault, 2006).

And what is this big picture? We live in this global community. We can take this one step further to say that we have a responsibility to our neighbors that transcends geopolitical borders. Paul Farmer, the founder of Partners in Health, stated it well: "The idea that some lives matter less is the root of all that is wrong in this world" (n.d.).

Occupational therapists are the experts with the fundamental skills, the expertise and the passion to enable



Dr. Colleen O'Connell presents her keynote address.

healthy communities - locally as well as globally. *This is why you matter*. This is why the theme of your conference and the experiences, research and skills you will learn and share this week are so relevant to health in today's world.

Traditionally health has been measured narrowly and from a deficit perspective, often using measures of morbidity or mortality. However, health is viewed by the public health community as a multidimensional construct that includes physical, mental and social domains (World Health Organization, 2003). These are dimensions that have potentially greater impact on the lived experience; for example, we may consider it a positive outcome that there is at least an 80% three-year survival rate of people with earthquake-related spinal cord injuries in Haiti. However, the obstacles faced in achieving full participation in society, such as inaccessible communities, discrimination, unemployment and loss of family supports, are not reflected in such unidimensional mortality or survival figures.

This is not a new concept. More than 2000 years ago, happiness was the measure of a good life or well-being. Aristotle said that happiness is "to live and do well." He also discussed the 'gap' theory of quality of life, which considers the difference between a person's life experience and their expectations. Quality of life will be greater when the gap between reality and expectation is minimal (Kirkova, 2008). Fast-forward over 2000 years, and there is now a similar importance placed on indicators of quality of life as a construct of health. Quality of life transcends and encapsulates multiple determinants; the Quality of Life Research Unit at the University of Toronto describes the study of quality of life as "an examination of influences upon the goodness and meaning in life, as well as people's happiness and well-being. . . . the ultimate goal of quality of life study and its subsequent applications is to enable people to live quality lives - lives that are both meaningful and enjoyed" (Renwick & Myerscough, n.d., para. 3).

Even more recent is the emergence of happiness as a valuable health indicator, and not just since Pharrell Williams got us all clapping and singing along to his song, 'Happy' (2014). The *World Happiness Report 2013* (which rates Canada as the sixth happiest country), has recognized that both happiness and quality of life, although with subjective elements, have objectively measurable elements that can be captured, evaluated and followed as an outcome. World leaders are increasingly considering the importance of well-being. Measuring and analysing global happiness could provide nations and the world with lessons about improving well-being and sustainable development (Helliwell,

Layard, & Sachs, 2013). And so we have highly relevant, multidimensional, objectively measurable outcomes that have direct correlation with the health of communities. To have quality of life is to have meaning and purpose in life.

This, again, is why you matter. Because *occupation is the everyday activities that people do, the activities that bring meaning and purpose to life*. Quality of life and happiness are the outcomes of occupation. Quality of life is a key indicator of health, inclusive of the biological, political, environmental and social determinants. You as occupational therapists are the experts in enabling and maximizing occupation, in the pursuit of deriving meaning and purpose to life through the activities an individual or community needs to do, wants to do or is expected to do (World Federation of Occupational Therapists, 2010).

Occupational therapists enable healthy communities by optimizing quality of life. Through occupation-based approaches, occupational therapists are positioned and equipped as leaders in enabling healthy communities. As global citizens, these communities are large, but with measured approaches, targeting quality of life outcomes, I know that the health of our communities is in good hands.

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About the author

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CAOT Professional Issue Forum

Occupational therapy and inter- and intraprofessional education and collaboration

Bonny Jung and Elizabeth Steggles

Professional Issues Forums (PIFs) are held annually at the CAOT Conference. PIFs address priority health and social issues and emerging practice areas in occupational therapy. PIFs involve presentations from a panel of experts in the field and participants are invited to contribute their perspectives. The discussion leads to strategies and recommendations for action for CAOT, individual occupational therapists and stakeholders to advance occupational therapy practice and the profession's presence in these areas.

Within the Canadian health-care system there has been increasing need for practicing and learning strategies that promote interprofessional collaboration (IPC). IPC is described as the “partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues” (Canadian Interprofessional Health Collaborative, 2010, p. 24).

The need for collaborative interprofessional learning that promotes competencies in communication, teamwork and conflict resolution, and that improves the understanding of each other's roles has been affirmed in the educational and patient safety literature, and reinforced by changes in the health-care system (Canadian Health Services Research Foundation, 2006). The Canadian Health Services Research Foundation suggests that effective teamwork can improve the quality of patient care, enhance patient safety and reduce workload issues. A Cochrane Review by Zwarenstein, Goldman, and Reeves (2009) concludes that specific practice-based interventions that promote IPC seem promising in improving health care and patient outcomes. The Canadian Interprofessional Health Collaborative (CIHC) (2010) notes that both IPC and interprofessional education (IPE) are key to building effective health-care teams and improving patient experiences and outcomes.

Occupational therapists, in their roles as practitioners, educators, researchers and policy developers, need to have an awareness and understanding of the issues related to IPE and IPC in order to meet the current and future health-care needs of Canadians. On May 8, 2014, CAOT conducted a three-hour Professional Issue Forum at the CAOT Conference in Fredericton, New Brunswick, to address current research, provide practical resources and promote discussion that is

informed by recognized leaders in IPC and IPE. The forum was attended by approximately 60 people.

The forum was facilitated by Dr. Bonny Jung, professor in the McMaster University Master of Science in Occupational Therapy program and director of the Program for Interprofessional Practice, Education and Research (PIPER) at McMaster University's Faculty of Health Sciences. Panellists were Dr. Lesley Bainbridge, director of Interprofessional Education in the Faculty of Medicine and associate principal of the College of Health Disciplines at the University of British Columbia; and Dr. Vernon Curran, professor of medical education and director of academic research and development with the Faculty of Medicine at Memorial University in Newfoundland. Dr. Curran is also a past director of the Centre for Collaborative Health Professional Education at Memorial University. The PIF was coordinated by Elizabeth Steggles, Director of Standards at CAOT. The format for the forum included initial presentations by Drs. Curran, Bainbridge and Jung, followed by small group discussions led by facilitators that included the panellists and occupational therapists that represented practitioners, academics, regulators, CAOT Board members and the World Federation of Occupational Therapists. Student occupational therapists from the University of British Columbia and McMaster University generously offered their support as volunteer recorders.

Dr. Curran presented the concept of interprofessional education and collaboration, and addressed the evidence to support an interprofessional approach, together with current trends and strategies for its implementation. He introduced the Interprofessional Collaborator Assessment Rubric (ICAR) (Curran et al., 2011) and the Building a Better Tomorrow Initiative (Curran, Sargeant, and Hollett, 2007) that has been developed and successfully implemented in Newfoundland and Labrador.

Dr. Bainbridge described the National Competency Framework for Interprofessional Collaboration (CIHC, 2010) and the Accreditation of Interprofessional Health Education (AIPHE) initiative (CIHC, 2014), which involves six professions, including occupational therapy.

Dr. Jung introduced the concept of intraprofessional education and collaboration, which refers to the process that occurs between two or more professionals within the same discipline (Hayden-Sloane, 2005). This is of

particular relevance to occupational therapists, occupational therapist assistants and support personnel. Dr. Jung linked intraprofessional collaboration to the occupational therapy core competencies of 'collaborator' and 'communicator' (Canadian Association of Occupational Therapists, 2012), and also described a project between the Mohawk College Occupational Therapist Assistant and Physiotherapist Assistant Diploma program and McMaster University occupational therapy and physiotherapy programs that identified challenges encountered in intraprofessional education.

The panel presentations were followed by small, facilitated discussion groups and a larger discussion to share the ideas that were generated. Some important themes that emerged from the Professional Issue Forum included:

- the acknowledgement that there remains an inconsistency amongst occupational therapists and others about what is meant by IPE and IPC;
- the recognition that IPE and IPC require time to develop and implement, and need 'buy-in' from all stakeholders, including preceptors, physicians and senior management;
- the observation that students gain a clear understanding of IPC during their training but its implementation in practice is inconsistent and not always supported;
- the importance of defining, promoting and advocating for the occupational therapy role, emphasizing our unique reasoning process and not just the end product.
- a need for consistent and intentional modelling of inter- and intraprofessional collaboration and practice at all levels;
- a need for more dialogue, research and sharing of how inter- and intraprofessional collaboration can influence health outcomes.

Most importantly and true to our philosophy of client-centred practice, one very clear message expressed from the participants was that the client should remain central to how and what we do. One participant noted simply, "If work occurs around clients, collaboration will occur." Many participants looked forward to reviewing the resources provided at the PIF and to putting some of the strategies into action after the conference. Some innovative strategies that were shared included: knowledge transfer techniques, such as developing 30-second summaries of our role, and use of various media such as the Internet and local newspapers to communicate our messages; reviewing how our professional guidelines and documents can be applied in this context; advocacy initiatives at a systems level (government and organizations); and purposeful collaboration between student occupational therapists and support personnel.

An outcome of the PIF indicates that there may be a need for CAOT and members of the profession to: 1) take a more active stance in increasing occupational therapist awareness of existing resources such as the CIHC, the National Centre for Interprofessional Practice and Education in Minneapolis, and All Together for Better Health; 2) develop practical resources to support IPC and IPE for occupational therapists in practice; 3) develop a position statement, and 4) consider a special issue of *Occupational Therapy Now* to further the

dialogue on this important topic.

There is still much work ahead of us as a profession to move both interprofessional and intraprofessional practice into the future; however, the PIF highlighted that there are many rich opportunities for building strong foundations across the country. For further information, please contact Elizabeth Steggles at: esteggles@caot.ca

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OTEM

Are you writing the National Occupational Therapy Certification Examination (NOTCE) this year or do you know someone who is? Why not join CAOT and prepare with the Occupational Therapy Exam Module (OTEM). OTEM offers exam candidates the opportunity to work through and discuss the rationale and reasoning that address a series of NOTCE practice questions through a facilitated discussion with an experienced occupational therapist. OTEM small groups will meet online once a week for 6 weeks in September and October 2014, each week discussing case scenarios reviewing 125+ questions.

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CAOT Professional Issue Forum

Suicide prevention and the role of occupational therapy

Kim Hewitt, OT Reg. (Ont.), Canadian Mental Health Association, Waterloo, Wellington and Dufferin, Ontario; Giovanna Boniface, OT, CAOT-BC managing director; and Lara Belagamage, occupational therapy student, University of British Columbia

Professional Issues Forums (PIFs) are held annually at the CAOT Conference. PIFs address priority health and social issues and emerging practice areas in occupational therapy. PIFs involve presentations from a panel of experts in the field and participants are invited to contribute their perspectives. The discussion leads to strategies and recommendations for action for CAOT, individual occupational therapists and stakeholders to advance occupational therapy practice and the profession's presence in these areas.

Nearly 15% of Canadians have had thoughts of suicide in their lifetime (Canadian Association for Suicide Prevention, n.d.). As occupational therapists, we regularly interface with the intimate details of clients' everyday lives when people experience occupational challenges. Thus, occupational therapists are likely to be in a position to receive messages when everyday living has been interrupted by thoughts of suicide.

Tryssenaar (2003) has offered guidance for occupational therapists on this topic through discussion of the importance of intervening and role of occupation in supporting clients to move away from suicidal ideation. Specifically, Tryssenaar identifies the need for practitioners to respond to and engage with clients when the issue of suicide is present. Several key documents that are commonly referred to in occupational therapy also build infrastructure around various related issues and can be applied to managing suicide in practice. The *CAOT Position Statement on Client Safety* (Canadian Association of Occupational Therapists [CAOT], 2011) recommends occupational therapists adopt the Canadian Patient Safety Institute's safety competencies (Frank & Brien, 2009). These safety competencies direct occupational therapists to "Manage Safety Risks: Anticipating, recognizing, and managing situations that place patients at risk" (p. 4). Furthermore, the Mental Health Commission of Canada's *Toward Recovery and Well Being: A Framework for a Mental Health Strategy for Canada* also supports a response to suicide, as it speaks to the need for equitable and timely access to care, and for all people managing mental health problems to be actively engaged and supported (2009).

As holistic practitioners, occupational therapists consider the impact of mental health in all client interactions and, therefore, are well positioned to ensure clients have access to supportive care when suicide is part of a client's picture. There is a pressing and ongoing need for occupational therapists to build confidence and capacity to address suicide, and this Professional Issue Forum aimed at exploring the opportunities and resources available.

The PIF on suicide prevention and the role of occupational therapy was held on Friday, May 9, 2014, in Fredericton, New Brunswick. Facilitated by occupational therapist, Kim Hewitt, the session included four panel presentations followed by round table discussions with 57 participants.

Panelists included Tana Nash, Executive Director, Waterloo Region Suicide Prevention Council; Heather Vrbanac, student occupational therapist, McMaster University; Ryan Collins, student occupational therapist, McMaster University; Greg Frankson, spoken word poet, Cytopoetics; and Kim Hewitt, occupational therapist, Canadian Mental Health Association, Waterloo, Wellington and Dufferin, Ontario. Using the Canadian Practice Process Framework (Craik, Davis, & Polatajko, 2013), each presented on various aspects of suicide, suicide prevention and the role of occupational therapy within this context.

Panel presentations

Tana Nash shared insights about the realities of suicide in Canada by highlighting the various factors that create what she referred to as "the perfect storm" or the conditions that influence someone who dies by suicide. Statistics were shared to illustrate the gravity of this issue, such as suicide being the ninth highest cause of death in Canada in 2009, killing more men than prostate cancer every year (Navaneelan, 2012).

Following this, occupational therapy students, Heather Vrbanac and Ryan Collins shared the results of a study they have been involved with that aimed to answer the question: How ready, willing and able are Canadian occupational therapists to address suicide prevention, intervention and postvention? The results of their mixed-method investigation indicated a trend that despite occupational therapists being willing to respond to suicide-related issues in their practice, they do not feel prepared to do so. Consequently, the preliminary findings of this study suggest that further exploration is warranted to determine what occupational therapy can do as a profession to increase suicide prevention preparedness – an important subject to investigate, considering that study results also indicated that approximately 90% of occupational therapists provided suicide intervention at some point in their careers.

Greg Frankson then provided a personal perspective on the issue of suicide by sharing his story about growing up with depression and reflecting on the importance of art and personal expression as part of developing resilience and moving towards recovery. He concluded his presentation by reciting the poem, *The Voice Within*

(Frankson, 2011).

Finally, Kim Hewitt provided a front-line practice perspective of suicide prevention, which she framed using four vantage points based on her clinical experiences within an early psychosis program, in a pain clinic, working with students and as a suicide prevention workshop facilitator. A major take-away from her presentation was the importance of using meaningful occupational engagement as a tool for suicide prevention, intervention and postvention. The session then transitioned into small group discussions after participants viewed the very poignant music video for the song *Arizona (I miss you most)* by Newfoundland-born Brian Byrne (2014).

Summary of round table discussions

Attendees were asked to reflect on the panel presentations and were given the following four questions to inspire dialogue: 1) What is the greatest barrier for the profession for suicide prevention/intervention? 2) How is occupation important to the issue? For prevention, intervention and postvention? 3) What do you need to do to support your practice in this area? 4) How can CAOT support your practice in this area?

Many valuable points were brought up by attendees during the round table discussions, including the important role that occupational therapists play in using occupational engagement as a preventative measure for individuals at risk for suicide. Another point emphasized by attendees was the importance of shifting the perception that suicide only falls within the realm of mental health practice, when in reality it is prevalent in physical health settings as well. Barriers to effectively addressing suicide in practice that were highlighted included feeling ill-prepared to address suicide-related issues with clients and feeling restricted by practice settings and the associated operational limitations of being 'siloe'd' into a specific practice area. As a way to ensure competency, a suggestion was made to implement mandatory suicide prevention training to mirror common employer requirements around first aid training.

The session concluded with resident poet, Greg Frankson, summarizing key ideas in a spoken-word performance, which was a synthesis of what he heard during the panel presentations and the round table discussions. His moving collection included three beautiful poems (two of which are featured on the next page) and three very powerful haiku:

OTs are willing
but preparation is weak
time to close the gap.

improving practice
in active intervention
can only save lives.

one intervention
minimum in a career
suicide happens.

Next steps

Delegates voiced a call to action, requesting support from CAOT to make occupational therapy an essential service for individuals at risk for suicide. A proposed first step is to develop a well-laid out action plan with leadership from CAOT. Another important step that was underscored is to address the apparent gap between practitioners providing appropriate client care and feeling competent to do so.

The discussion and recommendations made during this session will inform the contents of the Professional Issue Forum report, which will be available on the CAOT website (www.caot.ca) once it has been approved by the CAOT Board of Directors. For more information, contact: gboniface@caot.ca

Thanks to all who offered of themselves to create such a venue of sharing, humility, support and innovation.

Thank you to Gregory Frankson for sharing his poems for publication in *Occupational Therapy Now*.

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Greg Frankson, a.k.a. Ritallin, is an award-winning poet, media personality and arts educator based in Toronto. To purchase books and CDs of Ritallin's work visit www.cytopoetics.ca/swag.asp. To arrange engagements please email: bookings@cytopoetics.ca Email Greg directly at: cytoinfo@cytopoetics.ca

Second Chances by Ritallin

we don't get a second time when suicide
has taken away the opportunity
at second chances
and at first impression
the signs may be there
if we know how to read them

sometimes they come
as scrapings of delusions
drawn before our faces
that demand we abandon
our biased occlusions
we see that people reach out
seek help in myriad ways
not always explicitly expressed
as we work in the day to day
do people truly want to die
or do they want to stop living
the way that they live
at the point we learn not to deny
it presents itself more
when you have more to give
the recognition that there is
space to address the grey
can be the spark and key
to the discovery of new hope
discussions that buy time
for a client to come to see
other avenues to create ways
to positively learn to cope
people say that in situations
of crisis they'd tell a caring person
a family member or friend
because we've learned through life
these are the people to turn to
when it's our very lives
upon which revelation depends
so the clinical is not primary
but still clearly important
drill down to the pain to find
meaning behind actions
trust your gut in those moments
things feel strange or not real
to determine if something is
redirection or unintended distraction
from the pre to the post
find invention of support
from a place of compassion
that intervenes with strength
and in the process discover
from the moment of crisis
to the achievement of recovery
it matters not the length
of the journey to a place where
when we connect as humans
to create bonds of trust
and find true peace inside
every step is a victory
every sharing a triumph
every life has deep value
that cannot be denied.

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On Task by Ritallin

the word suicide is a heavy one in Canadian society
and there is stigma associated with mental illness
that impairs our ability to get over ourselves
to reach forward and help people in work and life
and identifying the issues at play is not to say
that one must have all the answers immediately on hand
the competency is not in being the all-knowing
but in knowing all the ways to find resources
occupation on this issue focuses on reasons for living
to trump through our hope any reason for death
the therapy that is based on even a glimmer of hope
can provide a beacon to follow
as clients seek strength to keep taking a new breath
we can break down false divides between
the physical and the psychological
rely on training given to all no matter professional focus
to be quick in response so clients aren't left waiting
for this is the place in which support can break down

in the profession is there fear of talking about suicide
or in addressing it in a fulsome and forthright way
to succumb to misunderstanding even as we are aware
of gaps created by systemic barriers and clinical bias
there is a lack of self-confidence in the family of clinicians
being able to properly address the issues at play
compounded by lines of connection within the therapeutic
frayed or broken that require both care and repair
speaking openly and directly without use of euphemisms
respects the experience of clients and cuts to the chase
so issues can be addressed in their time not always with speed
but with compassion and integrity for folks in distress

holistic approaches work in the world of OT
working with others to maintain that focus is crucial
helping clients move seamlessly between aspects of recovery
across professions and settings must be core to reach goals
associated with inner strength and the ability to interact
with other people no matter what stresses or challenges exist
in the lives of clients working to move ever forward

to focus on education to fill the gap is one option before us
the aid first given on mental health resuscitates the desire
for more frequent and compulsory accessible development
of competency and skill for practitioners nationwide
it's important to examine all OT settings together
learn from other stakeholders and groups
who work in areas similar in mission and in scope
collaborate for improved results in treatment for all

we prepare for a future in which people will be equipped
to become leaders in suicide prevention and intervention
so others can look to OT to find inspiration to make changes
that create safety and prosperity for clients in care.

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Considering health inequities to enhance occupational therapy practice: A student reflection on conference presentations

Lara Belagamage and Janet E. Jull

Health inequities are preventable systematic and socially produced differences in health between populations (World Health Organization, n.d.). They result from poor daily living conditions and the inequitable distribution of modifiable resources such as money, education and power (Commission on the Social Determinants of Health, 2008). Health equity occurs when people are able to attain their full health potential and when their potential is not undermined by factors like race, ethnicity, religion, gender, age, social class and socio-economic status (Dahlgren & Whitehead, 2006). Promoting health equity and reducing avoidable health inequalities was endorsed by the Rio Summit in Brazil (United Nations Conference on Sustainable Development, 2012). In Canada, health equity is identified as a strategic priority by the Canadian Institutes of Health Research Institute of Population and Public Health (2011) and the Public Health Agency of Canada (2014). As well, a commitment to equity is reflected in our systems of care. For instance, Canadian health care policy is committed to the delivery of client-centred care (Romanov, 2002) and supports client-centred health-care professionals, including occupational therapists (Townsend & Polatajko, 2013). Occupational therapists, with their concern about those who are vulnerable to injustice due to occupational restrictions (Townsend & Wilcock, 2004) practice in alignment with this commitment.

At this year's Canadian Association of Occupational Therapists conference, numerous presenters encouraged dialogue around improving health equity by encouraging occupational therapists to reframe their views about the organization of society and the impact this has on our clients. Reflecting on such issues helps provide occupational therapists with valuable insights about the context in which they practice, which may, in turn, enhance their ability to effectively work with clients and communities. Reframing perceptions of society as consisting of multiple, complex and interacting factors that may undermine health enables therapists to gain a better understanding of client perspectives and needs, and is critical to ensure the continued relevance of occupational therapy interventions and ultimately to foster healthier communities. This article shares a student's (the first author) reflection about one of her main take-away messages from this year's conference: how being mindful of health inequities can enhance

occupational therapy practice. Two presentations in particular especially contributed to this learning; the aspects of these that most resonated for the first author will be described here.

Dr. Colleen O'Connell, MD, FRCPC, introduced the concept of the 'majority world' during her keynote address. Majority world is a term used to describe the majority of the human population who live outside the borders of the West. It is used as an empowering word that replaces commonly used expressions such as 'third world,' 'developing world' and 'least developed country' – terms that carry with them negative connotations (Leong, 2008). Use of the term, majority world, seeks to define the segment of our human population to which it refers "in terms of what it has rather than what it lacks" and "necessarily

"We can position ourselves to better understand how intersecting social, historical, political and environmental factors influence our clients' lives"

includes the cultural, intellectual, and social 'wealth' of these communities" (Leong, 2008, p.8). The use of the term also serves to highlight that many of us living in countries like Canada

are the "privileged minority" (Thibeault, 2006, p.159). Ultimately, the term serves as a useful reminder that coming from a 'poor' community does not preclude someone from possessing assets, while also highlighting the different power dynamics that can be at play when working with clients from backgrounds that are different than our own.

Dr. O'Connell's address prompted me to further reflect and investigate the subject of the majority world. I realized the importance of recognizing that individuals or populations fitting the criteria of those living in the majority world can, in fact, be living outside of expected majority world borders. For example, a recent report from the Canadian Medical Association (2013) discussed a study conducted by The Hamilton Spectator and McMaster University that looked at the differences in health outcomes based on the area of a city in which participants lived. The researchers of this study found "staggering disparities" such as life expectancy ranging between 86.3 years in a wealthy neighbourhood (five years more than the Canadian average) and 65.5 (almost 16 years less than the Canadian average) in a poor neighbourhood. Project collaborator Dr. Ann Reid commented that "if that second neighbourhood was a country, it would rank 165th in the world for life expectancy, alongside Nepal and below Mongolia and Turkmenistan. ... Right here in Hamilton [Ontario], we have Third World life expectancy" (Canadian Medical Association, 2013, p. 4).

One does not have to travel far to find the health inequities that are often associated with the majority world. Reflecting on Dr. O'Connell's keynote address helped me reaffirm the lessons I learned in the classroom and while on fieldwork placement about remaining cognizant of the factors that create conditions for health inequity, such as disparities in income and education levels, health status and housing between more and less-advantaged social groups (Braveman, 2003). Furthermore, the strengths-based approach that the term 'majority world' encourages is a reminder that every client, regardless of their socioeconomic, health or education status, brings with them qualities that can benefit their care. Recognizing this helps to establish more authentic therapeutic relationships, as clients will be made to feel like the assets they bring with them are valued.

By considering such factors, occupational therapists are given the opportunity to gain insights into a client's background or story, which likely provides a stronger foundation on which to build a trusting, therapeutic relationship, while also enabling the identification of more meaningful interventions. Doing this also helps occupational therapists actively strive for health equity, as considering the upstream causes of health inequity, such as poverty and a lack of appropriate policies (Braveman, 2003) helps to contextualize the processes underpinning marginalization more wholly. This, in turn, can ensure that practitioners also attempt to address the 'bigger picture' when working with clients who are marginalized.

In the presentation, 'Enacting Equity: Implications for Occupational Therapy' (F62), occupational therapist and doctoral candidate, Alison Gerlach, underscored the importance of developing strategies and practice approaches that are responsive towards the realities and complexities of people's lives. In taking up a critical perspective of health equity, Gerlach underscored the importance of designing and delivering occupational therapy practices that take into account how the health of individual and population groups can be profoundly influenced by social determinants and by historical, socio-economic and political factors and structures within society, which are largely beyond an individual's control. Gerlach proposed that, as practitioners and researchers, we need to engage with critical theoretical perspectives in order to have a greater understanding of the complexities of health inequities and to inform more effective and responsive occupational therapy practices.

As practitioners and students of occupational therapy, we are charged with partnering with our clients to facilitate their opportunities to engage in meaningful occupations no matter their socio-economic status or lifestyle choices. We can position ourselves to better understand how intersecting social, historical, political and environmental factors influence our clients' lives,

and with this understanding we can foster better therapeutic relationships in collaboration with our clients. By starting with recognizing the disparities that exist within our own communities and understanding how these disparities influence our clients' abilities to engage in meaningful occupations, we will be better positioned to identify and address the health inequities faced by those with whom we work.

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The Knowledge Translation Café at the 2014 CAOT Conference:

Closing the gap between presenters and participants

Gayle Restall, Noémi Cantin, Mary Law, Ivonne Montgomery, Shanon Phelan, Jill G. Zwicker and Dana Anaby

As an innovative approach to knowledge translation at the 2014 CAOT Conference, we introduced the Knowledge Translation (KT) Café, borrowing ideas from knowledge translation, scientific cafés and speed dating. The session included four presentations. Set up in a round table style, participants joined a table with a presenter who gave a short synopsis and the key messages of their research. Participants then engaged in discussion with the presenter about the project before a bell sounded and participants moved on to another table. The four presentations were all related to the general theme of occupational therapy with children and youth, and provided diversity in their specific subject matter.

The four presentations

From practice guidelines to clinical practice in a rehabilitation centre

Noémi Cantin (Université du Québec à Trois-Rivières, Trois-Rivières; E-mail: noemi.cantin@uqtr.ca), Rose Martini and Helene Polatajko

This presentation reported on a strategy to facilitate practice change in practitioners. Recently published practice guidelines (Blank, Smits-Engelsman, Polatajko, & Wilson, 2012) recommend that cognitive approaches based on contemporary motor learning theories be used with children with developmental coordination disorder. Implementing this recommendation involves changing practice for many occupational therapists. Our study explored the impact of a mentoring approach to knowledge transfer on the practice of occupational therapists in a rehabilitation centre. A community of practice (CoP) approach was implemented. These CoP sessions facilitated discussion around a variety of therapist-initiated questions related to client-chosen goals, dynamic performance analysis, cognitive strategy use, guided discovery, enabling principles, parent involvement and intervention formats.

Child and youth participation: Outcomes of a knowledge translation project

Mary Law (CanChild Centre for Childhood Disability Research, McMaster University, Hamilton, E-mail: lawm@mcmaster.ca), Wendy Coster, Gary Bedell, Dana Anaby, Mary Khetani, Rachel Teplicky and Laura Turner

The Participation Knowledge Hub is an online resource designed to facilitate transfer of knowledge about child and youth participation and the environment. Based on stakeholder input, we developed practical materials, including: 1) an online version of the Participation and Environment Measure for Children and Youth (Coster, Law, & Bedell, 2010) with automated scoring; 2) success stories about children's participation; and 3) tip sheets for youth, parents and service providers. In the first two months, we had nearly 4000 visits by individuals from 65 countries. To date, 96 respondents have completed the usability survey and 100% indicated that they would share this resource with others. Using a systematic process that involved stakeholders throughout enabled us to develop relevant and useful information for parents, service providers and agencies. Practical resources, combined with the power of real-life stories, bring evidence to life and can help lead to knowledge uptake. The Participation Knowledge Hub can be accessed at: <http://participation-environment.canchild.ca/en/index.asp>

Knowledge translation: Moving handwriting research into effective school intervention

Ivonne Montgomery (Sunny Hill Health Centre for Children, Vancouver, E-mail: imontgomery@cw.bc.ca) and Jill Zwicker

Handwriting problems are a common reason for referral to school-based occupational therapists. We showcased a new printing program that is based on current evidence and motor learning theory. While a multisensory approach to handwriting used to be recommended, accumulating evidence suggests that a cognitive, task-specific approach is more effective (Denton, Cope, & Moser, 2006; Mackay, McCluskey, & Mayes, 2010; Weintraub, Yinon, Bar-Effrat Hirsch, & Parush, 2009; Zwicker & Hadwin, 2009). In addition, practice is one of the most important factors to improving handwriting. Evidence suggests that at least 20 practice sessions that occur at a frequency of a minimum of twice per week are necessary to produce improvements in handwriting legibility (Hoy, Egan, & Feder, 2011). Therefore, practitioners need to move beyond individual therapy to collaborative partnerships with school staff and families to facilitate creative solutions. In partnership as a school-based occupational therapist and a clinician scientist, we developed an evidenced-based printing program for school and home use to obtain the specificity

and intensity required for handwriting improvements. The handwriting resource, called *Printing Like a Pro!*, is available for free download at: <http://www.childdevelopment.ca/SchoolAgeTherapy/SchoolAgeTherapyClassResources.aspx>

Inclusion, participation, and disability: Opportunities for engagement in childhood occupations

Shanon Phelan (University of Alberta, Edmonton, E-mail: sphelan@ualberta.ca) and Elizabeth Anne Kinsella

Our presentation described a research project that investigated how disability discourses shape children's opportunities for participation and inclusion in childhood occupations. Case study methodology (Stake, 2006) was employed. Six children (10 to 12 years of age) with a physical disability and their mothers participated. The findings revealed examples of socio-cultural discourses that shape children's opportunities to participate in childhood occupations. Concepts that participants identified that shape participation were: a) being included; b) risk, safety and protection; c) because it is good for you; d) perceptions of disability and e) negotiating independence and dependence. The findings have implications for occupational therapists working with children with disabilities and their families, and those interested in advocacy related to participation and inclusion. The findings reveal how discourses unintentionally shape our understandings of disability and opportunities for social inclusion and participation in childhood occupations. Awareness of such discourses, and the ways in which they constrain and enable engagement in childhood occupations, are instructive for occupational therapists, health-care professionals, education professionals, policy makers and parents, in thinking about how to facilitate opportunities for childhood participation.

Café discussions

The small group format of the KT Café gave participants opportunities to interact with presenters and their materials. For example, Montgomery and Zwicker brought copies of materials from the handwriting program that participants could refer to during the presentation, a summary article of the evidence (Zwicker & Montgomery, 2012), a bookmark with key messages and the website for their printing program. In addition, participants could ask questions that were particularly relevant to their practice. For example, participants wanted more details about Cantin's mentoring program, such as who initiated the practice change and how the program evolved. Participants also sought more details about Law's Participation Knowledge Hub, relating to content, target audiences and feedback from users. The small café groups provided opportunities for participants to discuss interpretations of study findings. This occurred in Phelan's groups in which

participants speculated on issues such as the balance between participation and perceptions of risk.

The KT Café provided opportunities for mutual learning through the dialogue between the researchers and the potential users of research. Participants learned more about the key messages from the four projects, while the presenters learned more about the knowledge needs of the participants. Feedback from both presenters and participants was generally positive with some suggestions for improving the process, including having a longer time to present and discuss. One participant commented that she "very much enjoyed the discussion generated at each table. It was very dynamic!" Two KT Cafés are being planned for the 2015 CAOT Conference, one on adult psychosocial health and the other on occupational therapy and the social determinants of health. Please join us in Winnipeg in 2015.

Acknowledgements

Thank you to Sonya Vojnovic, Sheelagh Cox, Monica Nyiszli and Miranda Wilson for taking notes at each of the KT Café tables.

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2014 CAOT Conference: What people are saying

Patrick Whalen, an occupational therapist from Newfoundland, shares his thoughts on the Professional Issue Forum on 'Suicide prevention and the role of occupational therapy':

As occupational therapists, most of us are regularly required to update our CPR [cardiopulmonary resuscitation] training. However, few of us end up in the situation of having to provide this life-saving skill. Suicide prevention training, on the other hand, is something that many of us lack yet we are thrown into situations that involve suicide on a regular basis. Kim Hewitt opened my eyes during the Professional Issue Forum she facilitated on suicide prevention. I feel it is time for occupational therapists in all practice areas to rise up and advocate for suicide prevention training in our profession. Action is needed by our national and provincial associations to develop and disseminate education about suicide prevention for clinicians. It is time for us as occupational therapists to start a conversation with our clients, families, colleagues and the general public about suicide.

Kerrie Luck, an occupational therapist from New Brunswick, shares her experience of presenting at conference for the first time:

I have to admit, I was a little intimidated by the thought of presenting at CAOT's national conference, but forced myself to push through and submit an abstract, and I am so happy that I did! As a first time presenter (first time for any conference!), it was a wonderful experience and allowed me to network and share insights with other occupational therapists from across the country. I would encourage any occupational therapist that may be playing with the idea of presenting at CAOT, to just DO IT! I presented a poster on research I completed for my post-professional master's in occupational therapy at Dalhousie University titled 'Occupational transition of smoking cessation: More than just butting out' (F96). What initially felt like something with the potential to create quite a bit of anxiety turned into a delightful opportunity to share and learn. Not only was I able to present my research findings, but more importantly, I had a venue to re-examine and exchange ideas with other occupational therapists on the role we can play in smoking cessation and how we are uniquely equipped to enable people to face challenges in everyday living, like quitting smoking, through the use of occupation. There are lots of amazing things happening in both research and practice settings; I encourage others to take that step to share what they are doing by presenting at the CAOT conference in 2015. You'll be happy you did!

Tara Forster and Lori Massie share their experiences of being the 2014 conference co-conveners:

The search for co-conveners for the 2014 CAOT Conference began in early 2011. CAOT and the New Brunswick

Association of Occupational Therapists were looking for two keen, enthusiastic and organized occupational therapists to volunteer their time for two and a half years to plan a conference to remember. It also included a trip to Victoria for the 2013 conference, and who would want to pass that up, right? Monthly meetings began in July 2012 and quickly a theme, logo and call for papers emerged. Planning a conference is not without its challenges, and this conference was no exception. After venue cancellations, caterers going out of business, and a keynote speaker who became ill and was unable to attend, we persevered, went back to the drawing board and came up with an even better plan.

As May arrived, so did a combination of nerves and excitement in anticipation of the start of conference. The nice weather came just in time to greet the more than 400 delegates. The Fredericton Convention Centre, the Crowne Plaza hotel, as well as many of the downtown streets, were alive with occupational therapy spirit.

The flurry of activity during conference week ended on Saturday afternoon as we passed the torch to the co-conveners for the 2015 conference. Exhausted yet satisfied, there were mixed emotions in seeing it all come to a close. We were stopped in the hallways by delegates we knew (and some we didn't) who offered rave reviews and this made every meeting, phone call, email and sleepless night completely worthwhile. Being co-conveners has given us the opportunity to turn strangers into friends, put faces to voices, plans into action and dreams into reality. We've worked with some amazing individuals from near and far, and without their leadership and guidance the 2014 conference would not have been such an overwhelming success. Thank you to all for attending; we hope you had as much fun as we did!



Conference co-conveners Tara Forster and Lori Massie.

Highlights from a sampling of stimulating conference presentations

Janna MacLachlan, managing editor, *Occupational Therapy Now*

On this page you will find a sampling of just a few of the interesting ideas that captivated me in the presentations I attended during the 2014 CAOT Conference. If only there had been time to see them all!

Observing naturalistic driving in senior drivers (T12)

Yu-Ting Chen, Barbara Mazer, Isabelle Gélinas, Brenda Vrkljan, Kinga Elias, Shawn Marshall, Judith Charlton and Sjaan Koppel

This presentation described a standardized evaluation tool that is currently under development called the electronic Driving Observation Schedule (eDOS). Occupational therapists recognize that people often perform an occupation differently in a testing environment than they would in their normal everyday setting, and driving is no exception. The eDOS is designed to capture seniors' naturalistic driving behaviour in their own vehicle in their own environment. The data collection process involves mounting three video cameras in the individual's own vehicle that capture views of the road and the driver. Participants then drive from their home to destinations with which they are familiar (i.e. 20-30 minute round trip). Research assistants follow in a second car and enter data into a program on a tablet computer that captures start and end times, various actions of the driver, characteristics of the driving environment (e.g., number of lanes, traffic volume, speed, etc.) and 'critical errors' when a potentially serious issue is observed. Although the participants are currently being followed, the plan is to develop a camera-only evaluation protocol. At the end of the observation, participants have the opportunity to discuss how they felt they performed on the drive. This study is an innovative idea that fits well with how occupational therapists understand the interaction between a person and their environment. We will have to stay tuned to see how this tool develops!

Plenary Speaker

Chris Summerville, Executive Director, Manitoba Schizophrenia Society

A very strong case for recovery-oriented mental health services was made in the plenary address. By use of humour and sharing of candid personal experiences, the speaker, Chris Summerville, encouraged listeners to challenge myths and the current mental health system. He expressed that Canada is behind other countries in the shift to a recovery-oriented system. Recovery is a journey, he explained; it doesn't have to be a destination. Within a recovery model, individuals have the

right to live and choose the services they need and want; the focus is on potential for growth. As Chris words it, "Recovery is about changing our lives, not our biochemistry [through medication]." Chris explained that people have lots to recover from: the illness, the side effects of medications, mental health institutions, stigma, interventions (e.g., isolation, restraints), learned helplessness and hopelessness, and a lack of access to housing, funds, resources, etc. He reminded the audience that there is no medication to help someone recover from a lack of housing or to deal with stigma.

Certainly there are barriers to break down as much of the current mental health system is not recovery focused. Chris explained that recovery as a concept has come from people with mental illness sharing their stories and asking for what they need. To illustrate that advocating for a better mental health system is not only a health issue but also a social justice issue, Chris ended his talk by showing the audience the following quote from Martin Luther King Jr. (1963), and suggesting that in today's mental health context, it holds powerful meaning if the word 'Negro' is replaced with 'person with a mental illness.'

We know through painful experience that freedom is never voluntarily given by the oppressor; it must be demanded by the oppressed. Frankly, I have yet to engage in a direct action campaign that was 'well timed' in the view of those who have not suffered unduly from the disease of segregation. For years now I have heard the word 'Wait!' It rings in the ear of every Negro with piercing familiarity. This 'Wait' has almost always meant 'Never.' We must come to see, with one of our distinguished jurists, that 'justice too long delayed is justice denied' (para. 13).

Reference

King, M. L. (1963). *Letter from Birmingham Jail*. Retrieved from <http://www.stanford.edu/group/King/frequentdocs/birmingham.pdf>

A critical analysis of the figured world of occupation (F11)

Niki Kiepek, Shanon Phelan and Lilian Magalhães

The figured world, as described by presenters, is a typical description or understanding of a construct; it is what is normal, right and acceptable. In every society, we create values, assumptions and expectations that are conveyed and shaped through language. The presenters shared some challenging questions and observations related to the figured world and occupational therapy that came out of a critical

discourse analysis they had completed. By focusing on the positive attributes of occupation, are we neglecting the potentially negative impacts of occupation? Occupational therapy research seems to have largely excluded the study of occupations that infringe on the rights of others or that are socially unacceptable (e.g., drug use, prostitution, etc.). In doing so, could this not lead to further marginalization of those that engage in such occupations? Perhaps it is worth considering that health may not be the primary interest of every person; after all, the value of health is itself socially constructed. The presenters encouraged listeners to consider tensions that may be present between being client-centred and being a health professional. How much do we employ personal judgement about what is meaningful when a client tells us that they engage in risky behaviours? To mitigate potential harm, the presenters encouraged listeners to reflect on how they frame constructs in their own practice and research – what is considered normal or abnormal, natural or unnatural, etc.

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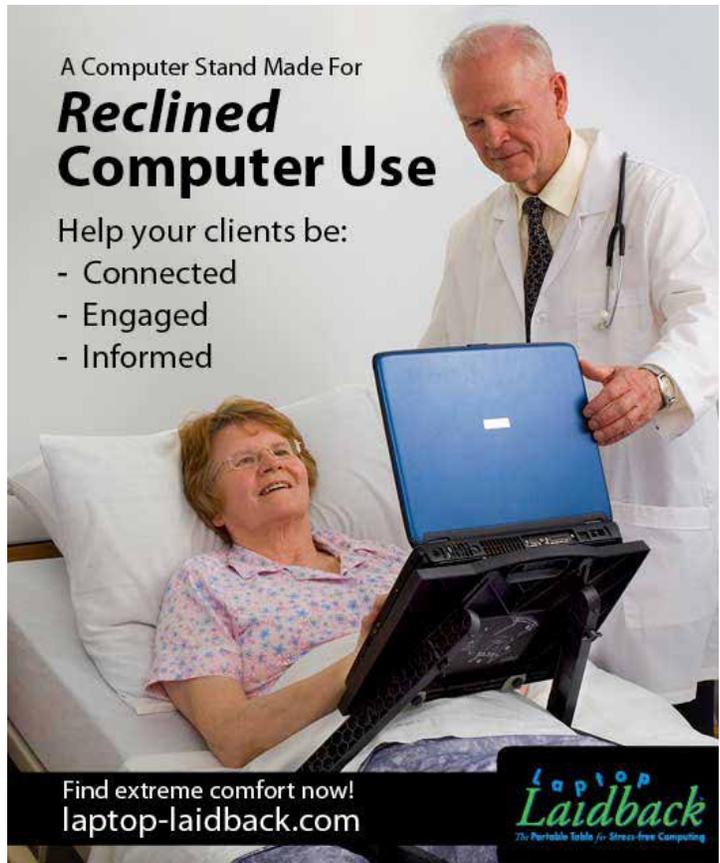


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2014 CAOT and COTF awards ceremony

Through its awards program, the Canadian Association of Occupational Therapists seeks to:

- Recognize and honour outstanding contributions of individuals and groups to the Association and the profession
- Promote and recognize excellence in occupational therapy
- Recognize outstanding contributions to the promotion of occupation and participation among Canadians
- Increase public awareness of both the achievements of the individual recipients and the profession as a whole
- Inspire others through publicizing the achievements of recipients

At the 2014 Conference awards ceremony, the following CAOT award winners were recognized. Congratulations to all award recipients!

CAOT Certificate of Appreciation

Certificates of Appreciation recognize those who have provided volunteer service to the Association.

- Jutta Hinrichs
- René Bélanger
- Heather Swan
- Heather Thompson
- Marion Hutton
- Lori Cyr
- Jacqueline Rousseau
- Huguette Picard
- Nancy Reynolds
- Crystal Dieleman
- Anna Park Lala
- Esther Fine
- Rachel Devvitt
- Leanne Leclair
- Susan Rappolt
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- Josée Séguin
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- Aliko Thomas
- Melissa Croskery
- Maureen Junk
- Deborah Rudman
- Susan Burwash
- Donna Collins
- Sandra Everitt
- Susan Gmitroski

- Caroline Ehmann
- Mary Egan
- Jean-Pascal Beaudoin

CAOT Student Awards

CAOT provides an award to the graduating student in each Canadian university occupational therapy education program who demonstrates consistent and exemplary knowledge of occupational therapy theory.

April Rand, Dalhousie University
Joannie Hamel-Richard, Université du Québec à Trois-Rivières
Stephanie Duperron, Université Laval
Patricia Archambault, Université de Sherbrooke
Odrée Martin-Mailhot, McGill University
Caroline Patenaude, Université de Montreal
Christina Lamontagne, University of Ottawa
Jacqueline Axford, Queen's University
Michelle DiLauro, University of Toronto
Carla Giddings, McMaster University
Rachel Rowse, University of Western Ontario
Laura Bennett, University of Manitoba
Aaryn Cleland, University of British Columbia

Citation Award

Citation Awards are given by CAOT in conjunction with provincial and territorial occupational therapy associations to acknowledge the contribution to the health and well-being of Canadians of an agency, program or individual within each province or territory who is not an occupational therapist.

Newfoundland and Labrador Association of Occupational Therapists: Mel Fitzgerald

New Brunswick Association of Occupational Therapists: Ability New Brunswick and K.V. Old Boys

Ontario Society of Occupational Therapists: Dr. Samir Sinha and The Honourable Mario Sergio

Manitoba Society of Occupational Therapists: Karyn Lazareck and Sandy Sheegl from the Gaining Resources Our Way Program, and Dr. Gary Altman

Saskatchewan Society of Occupational Therapists: Parkinson Society Saskatchewan

Society of Alberta Occupational Therapists: iHuman Youth Society

Canadian Association of Occupational Therapists – British Columbia: BC Coalition of People with Disabilities

Award of Merit

The Award of Merit is a prestigious service award given to acknowledge significant contributions to the profession of occupational therapy by occupational therapists and non-occupational therapists.

Catherine Vallée
Catherine Backman
Donna Collins

Golden Quill Award

The Golden Quill Award honours an author or group of authors that has/have published an exceptional article in the *Canadian Journal of Occupational Therapy (CJOT)* in the previous volume year.

Cara L. Brown and Marcia L. Finlayson

The winning article was titled “Performance measures rather than self-report measures of functional status predict home care use in community-dwelling older adults,” and appeared in the December 2013 issue of *CJOT* (pp. 284-294).

Award for Leadership in Occupational Therapy

The award for Leadership in Occupational Therapy was established to honour the exceptional contributions of an individual occupational therapist who has been in the forefront of activities that provide strategic leadership and direction for developing the profession.

Barbara J. Worth

CAOT-BC Outstanding Occupational Therapist of the Year Award

The Canadian Association of Occupational Therapists – British Columbia recognizes a member living in British Columbia who has made an outstanding contribution to the profession throughout his or her career.

Susan Bonney

Muriel Driver Memorial Lectureship Award 2014

The Muriel Driver Memorial Lectureship Award honours a CAOT member who has made an outstanding contribution to the profession through research, education and the practice of occupational therapy.

Bonnie Kirsh

Dr. Kirsh is an associate professor in the Department of Occupational Science and Occupational Therapy at the University of Toronto. Her research focuses on community and work integration for people with lived experience and she has published widely in this field, covering a range of mental health conditions and intervention approaches, as well as policy and work contexts. Dr. Kirsh was an invited member of the Mental Health Commission of Canada’s Workforce Advisory Committee, which helped develop the National Standard for Psychological Health and Safety in the Workplace. She is a principal investigator on the Commission’s Opening Minds project, the largest systematic effort in Canadian history focused on reducing stigma related to mental illness. Dr.

Kirsh was a co-principal investigator on the Commission’s Aspiring Workforce project, and participated in the largest homelessness project in history, At Home/Chez Soi. Dr Kirsh teaches and supervises occupational therapy and rehabilitation science students and has inspired them, as well as researchers and clinicians, on the power of occupational therapy in promoting mental health.



Bonnie Kirsh

Dr. Helen P. LeVesconte Award for Volunteerism in CAOT

This award honours a CAOT member who has made an exceptional contribution to the profession of occupational therapy through volunteering with the Canadian Association of Occupational Therapists.

Marjorie J. Hackett

Marjorie Hackett has provided significant leadership through volunteer efforts with her local facility, provincial association, CAOT and COTF. She served on the CAOT Board of Directors from 1999 to 2006, co-chaired the 2004 CAOT Conference organizing committee in partnership with CAOT, and chaired the CAOT Appeals Committee for several years. Currently, Marjorie is a member of the COTF Board of Governors, where she has served since 2010. Marjorie donates untold hours – organizing events, bringing occupational therapists together and taking every opportunity to support and advance her profession. She is also an outstanding ambassador for occupational therapy in the wider world, promoting the profession through her client-centred practice and her efforts to improve her community. For example, Marjorie volunteered to raise funds and resources for the development of new client-centred, senior-friendly courtyards at the long-term care facility where she worked. She works tirelessly, is well informed about the issues and her ideas are thoughtful, realistic and feasible. Marjorie is always willing to take on tasks with cheerful and dedicated passion.



Marjorie Hackett and Janet Craik.

Life Membership

CAOT Life Membership awards are presented to individuals who, for at least twenty years, have practiced occupational therapy and been a member of CAOT.

Mary Gray
Mary Law

Fellowship Award

CAOT established its prestigious Fellowship Award in order to recognize and honour outstanding contributions and service made by an occupational therapist over an extended period of time.

Jutta Hinrichs

Honorary Membership

The Honorary Membership award is presented to an individual who is not an occupational therapist and who has demonstrated an outstanding contribution to CAOT or to the profession of occupational therapy.

Brenda L. Beagan



CAOT representatives pose with award winners.

COTF Awards

COTF award winners were also recognized during the conference awards ceremony. Congratulations to all of these award recipients!

2013 COTF Doctoral Scholarship

Priscilla Lam Wai-Shun
Marjorie Desormeaux-Moreau
Sara Lutz

2013 COTF/Invacare Master's Scholarship

Camille Gauthier-Boudreault

2013 Thelma Cardwell Scholarship

Cara Brown

2013 Goldwin Howland Scholarship

Helen Brown

2013 Marita Dyrbye Mental Health Award

Danielle Naumann

2014 COTF Research Grant Competition

Joanne Park - Clinical Research Grant
Ben Mortenson - COTF Research Grant
Heidi Schweltnus - COTF Research Grant

2013-2014 Provincial Awards

The following awards are granted by provincial associations:

New Brunswick Society of Occupational Therapy
• Jocelyn Campbell, \$500

New Scotia Society of Occupational Therapy
• Dianne MacKenzie, \$500
• Carolyn Kelly, \$500
• Annie Quinlivan-Hall, \$500

Ontario Society of Occupational Therapy
• Tricia Morrison, \$5,000
• Catherine Donnelly, \$5,000

Society of Alberta Occupational Therapists
• Cary Brown, \$1,500
• Occupational Therapy Professional Development Committee, \$1,000



COTF president, Juliette Cooper, with COTF award recipients, Sara Lutz, Camille Gauthier-Boudreault, Cara Brown, Tricia Morrison and Carolyn Kelly.

CAOT Conference 2014: President's address

I am not 'just an OT'

Paulette Guitard, CAOT President

Over the course of my tenure as the Canadian Association of Occupational Therapists (CAOT) president, I have been lucky enough to travel around the country from coast to coast. I have been able to talk to occupational therapists from every area of practice. Each person has been open in sharing their vision, their ideas and their concerns about the future of the profession. As I traveled and talked with fellow occupational therapists, learning about their concerns and current situations, I heard a recurring statement, "Well, I'm just an OT. What can I do?" Or, "Not sure I can do this, I'm just an OT." I remember the first time I heard it, it shocked me. I was taken aback by this seemingly innocent statement. I've heard this several times, repeated in different places and in different situations. In its most basic interpretation, the statement is true, or at least part of it is true. We are all occupational therapists. We should own this because it is what connects us together; it is what holds us together. We are all occupational therapists and I think that is an amazing thing and a most meaningful thing to be.

At a certain point in our lives, something inspired us, something motivated us to take on the long journey into the profession of occupational therapy. I was recently reminded of how stories can inspire people to make lifelong decisions, in my very home. A few months ago, I came home with my National Occupational Therapy Month calendar and my youngest daughter quickly read through it, stopping at one vignette. It was a story about a woman with cerebral palsy who is wheelchair-bound and looking forward to the next stage of her life with her partner. The vignette talks about how this woman's occupational therapist worked with her and her partner, addressing all issues from intimacy to raising a child. My daughter then asked me, "Are there any assistive devices that would help this mom-to-be care for her child while she is in her chair? How will she carry the baby?" I said I wasn't sure, but thought there must be. And with that thoughtful question, inspiration and dedication intersected. She and a fellow student adapted a regular stroller that can be mounted on a wheelchair to help mothers or fathers to carry and care for their infant. They both learned quite a bit through this process and gained an awareness of the daily challenges of living with a disability, but most importantly, my daughter has found a true passion, a profession. She has chosen to pursue becoming an occupational therapist. This was her moment. We all have had our own.

We all undertook a degree in occupational therapy, competed for the limited number of places in an occupational

therapy school and worked hard during the program. For many of us this included summer sessions, over 1000 hours of fieldwork placements, and passing the National Occupational Therapy Certification Examination. The work to enter the profession was long, it was difficult, but it was worth it. We have worked hard and we are smart! We are highly educated professionals and we make a difference in the daily lives of our clients. Clients include people like Sarah, who recently visited the doctor and was told she has Alzheimer's disease. She and her husband were both very frightened but have been receiving lots of help, including from their occupational therapist who worked with them to figure out what household jobs need to be done and how the couple can best do them together. The therapist discussed making sure that each takes time for their own interests and is even helping them plan ahead for changes they may need to make in the future. Life doesn't seem quite so overwhelming now and they are managing fine. Another client, Jean, returned from Afghanistan and started to have nightmares and trouble sleeping, was drinking heavily and distanced himself from his wife and children. He was no longer the loving, attentive, caring husband and father he had been. Jean began to recognize the signs of post-traumatic stress disorder and sought help from a health-care team. The occupational therapist helped Jean to understand and acknowledge what he was feeling, took the time to find out what activities in life were important to both him and his family, and worked with them to plan and implement achievable steps toward a return to family life and activities. Jean still has a long way to go but at least he



Paulette Guitard's daughter, Laurence Mineault-Guitard (right) and her classmate, Justine Lepage-Roy, with the stroller they adapted for parents in wheelchairs.

feels that he and his family are headed in the same direction. We all have our own success stories that have helped us validate our choice for this career path. We embrace the ideals of a client-centered profession that looks at the whole person, their situation, their occupations, their daily activities and how these fit in their environment. Occupational therapy! What a concept!

A few weeks ago while in Baltimore, my heart boomed with pride as I was talking with a fellow baseball fan at an Orioles game and he asked me why I was in town. I responded that I am an occupational therapist and that I was there for the American Occupational Therapy Association annual conference. He replied, without hesitation, "Thank you for the wonderful work you do. My daughter had a severe hand injury and I don't know where she would be today if it had not been for her OT." Occupational therapy is a passion; we live it each and every day. We experience this passion, and we share it with our clients, students, colleagues, friends and other professionals. As we grow and develop our profession, we take on new and innovative roles; we adapt. More and more occupational therapists are transitioning from traditional roles and expanding our reach. The health-care environment is only one area in which we find occupational therapists; rapidly we are expanding our area of practice within social services, workplaces, communities, education, justice, the military, the manufacturing industry and various projects and social causes around the world. As I travel

around to represent all of you and CAOT, I am so very proud to be a Canadian occupational therapist. I say this with great

pride as Canadian occupational therapists are recognized as leaders in the profession around the world. Again in Baltimore, in the middle of an informal international meeting, an esteemed American colleague expressed her appreciation for how much she feels Canadian occupational therapists have contributed to research and knowledge development.

So why do I hear "I am just an OT"? What is the 'just' in this? Sometimes it feels like we have an inferiority complex, but why? We all need to consider the importance and meaning of professional identity. It can mean so many different things. To me it represents more than a job title; it encompasses everything from my own sense of professional belonging to the contract that I hold with my students and my peers. Transitioning through our career, our roles may change, but our professional identity does not. While embracing new positions and roles we sometimes forget to use our professional designation of occupational therapist along with our job title. Professional identity is important. Professional identity stays with us and allows us to identify who we are as professionals. It is the key that allows us to transition from position to position. It's the foundation that allows us to adapt and break new ground in new fields. Every year, our area of practice grows wider and wider with the help of new research and new methods.

Professional title is much more than the few letters at the end

of our names. It represents the long road that we have traveled through our education, where we studied theory and practice, developed practice skills and took part in fieldwork placements to learn to apply our skills. The title of occupational therapist is our distinction as professionals, but as we are transitioning between careers, we often drop the 'OT' from our titles. Would a doctor or lawyer drop his or her title because he or she is not in a traditional role? If not, then why are we occupational therapists dropping ours? Being an occupational therapist has allowed us to transition into these positions, but yet we do not show pride in what brought us there. Professional title allows us to show where we have been, where we are and where we are going. We have worked hard to earn our title, we must show pride in it and we should encourage others to hold on to their title and promote occupational therapy in all situations regardless of the positions we hold. It is time to be proud and uphold the importance of our title.

Professional identity remains important throughout our career and even in retirement we never truly stop being occupational therapists. We all know that retaining title in retirement is difficult for various reasons. We need to work together, colleges and professional associations, to advocate for ensuring that we are permitted to retain title in retirement. Retired occupational therapists have experience, they have time and we have to take advantage of both! I believe that retired occupational therapists can take part in many activities.

CAOT has begun working with retired members to develop new opportunities to remain engaged and to advocate for the profession. After all, we are

all still occupational therapists, even when we retire.

Occupational therapists have always been leaders and we must continue to build the future. Part of assuming our leadership is ensuring that we have 'relève,' a next generation of occupational therapists. One of the recurring problems I hear about during my travels here and abroad is the difficulty in finding fieldwork placements for our students and future colleagues (as they will be the next generation of occupational therapists). It is important for the future of the profession that occupational therapists embrace the role of fieldwork supervisors and commit to fieldwork education for students in occupational therapy. As we all know, every occupational therapy program is struggling to find enough fieldwork placements for occupational therapy students. In recent presentations I have attended, I have learned that in Ontario barely 25% of registered occupational therapists take on students and that in Quebec, the numbers are around 30%. Such numbers are pretty consistent nationally. Imagine how quickly we could resolve the situation by just being an occupational therapist and assuming our professional responsibilities. We can argue that our health system is suffering, which results in several problems that make it difficult to take on students. But the system has always had its share of challenges over the years. The challenges are always there, different maybe, but over my career I have rarely heard

"It is time to be proud and uphold the importance of our title."

that everything was easy. Different times, different challenges. Yet we are all here today as occupational therapists because other occupational therapists took us on as students, despite the challenges they were facing at the time.

Understanding the importance of fieldwork and how essential it is in occupational therapy education is key in embracing the values of our profession. It is our duty as current occupational therapists to take on the role of fieldwork educator to lead and shape the future of this profession. We have the ability to offer a variety of methods of teaching to fit with everyone's preferences or context. Such variety will broaden the student experience and provide flexibility to the occupational therapists providing student education. As occupational therapists, we have a professional responsibility to provide support to students through practice education opportunities. But more importantly it is part of our identity. We are all occupational therapists and we all need to support our own profession.

We need to 'up our game,' we need to be proud of our profession, and wherever our career paths may take us, we have reached this destination because of our background in occupational therapy. In all cases it is imperative, crucial, that we do not drop our title. We are occupational therapists; the world has opened up to us and we are effecting change and making a difference wherever we go. We must all be proud of the heritage we all commonly share. I know some of us are disadvantaged by the inability to retain title in retirement, but together we will work to ensure that like other professions we can retain title. We will work together and advocate for our profession so that we will always be occupational therapists.

We will be bold and take on occupational therapy students, pass our knowledge and skills to the next generations that will push the profession even further. Together we will all build upon what has been done and advance our profession.

When thinking about our profession, let us think of it as our client. We all know that for a client, we would fight, we would be creative and we would be strong to get that client where they needed to go. I call on all of us to hold our profession to the same esteem as our clients and fight for our place. Yes, occupational therapy is still a treasure that many have yet to discover, but many already have, not just our clients but other professionals too. We need to safeguard what is true to our hearts. If we do not, someone else will try to claim it and that is a very scary thought.

I would like to stress that we are all occupational therapists, and that compared to other professions we are fewer in number so we need to work together for the future of the profession. I urge all the different organisations to work collaboratively to define a vision for occupational therapy and to work together towards that vision, taking into account all our different mandates but never forgetting the big picture: occupational therapy is a wonderful profession that we share and cherish. We are not "just occupational therapists"; we are occupational therapists, we are proud occupational therapists. Even though we are few, what a mighty few we are! Let's join forces to advocate for a bright future for our profession.

Acknowledgements

A special thank you to Nicolas McCarthy, CAOT communications officer, for his help in organizing this speech.

2015 CAOT Conference in Winnipeg, Manitoba

Occupational Justice: Rising to the Challenge

Gina De Vos and Natalie MacLeod Schroeder, 2015 CAOT Conference co-chairs

CAOT Conference . 2015 . Congrès de l'ACE
Winnipeg, MB May 27 - 30 mai



Occupational Justice: Rising to the challenge
Relever le défi de la justice occupationnelle

The Canadian Association of Occupational Therapists (CAOT) and the Manitoba Society of Occupational Therapists look forward to welcoming occupational therapists from across the country and around the world to Winnipeg from May 27-30, 2015, for the CAOT conference, "Occupational Justice: Rising to the Challenge." This theme encourages the profession to engage in important discussions on social justice, inclusive participation and equity, and reflect on their relevance to the practice of occupational therapy on individual, community and societal levels. How does your practice fit with the concepts of occupational justice? Want to learn more? Consider submitting an abstract (deadline: October 1, 2014) or attending the conference to be part of the exchange of knowledge that has been developing for a number of years on these topics within occupational therapy communities.

Winnipeg provides a natural environment for this theme. At the heart of our city is the Forks, a meeting of two rivers, which historically brought people together for commerce and exchange of ideas. Social justice, participation and equity have long been a focus of activity in Winnipeg: the 1919 Winnipeg General Strike, the advocacy of Nellie McClung for women's rights, and many events relating to aboriginal struggles and rights, just to name a few. With the opening of the Canadian Museum for Human Rights, the first national museum outside of Ottawa, Winnipeg is set to become a center for ongoing social and occupational justice discussions.

Winnipeg, with an active arts and cultural scene, has much

to offer visitors. There are many art galleries, most notably the Winnipeg Art Gallery, which houses the world's largest collection of contemporary Inuit art. Winnipeg is known for its music and hosts numerous music festivals throughout the year. Live music can be found in many clubs throughout the city, in every style you can imagine. The beauty of Assiniboine Park, which includes flowers, green spaces, sculpture, art and great food, is also not to be missed. The park is the site of the Leo Mol Sculpture Garden, the Pavilion Gallery and a zoo with the *Journey to Churchill* polar bear exhibit. Don't forget, it is also home to Winnie the Pooh, named after the city of Winnipeg! For those interested in our Franco-Manitoban and Métis history, the area of St. Boniface is across the bridge from the conference site and has lovely shops and points of interest, including Le Musée de Saint-Boniface Museum.

No visit to Winnipeg would be complete without trying some of the fabulous dining and shopping experiences. Winnipeg boasts over 1000 restaurants; the downtown, Exchange District and the Forks areas have many great places to try within walking distance of the conference hotel. You're sure to find something to satisfy your cravings! If you like to shop, the Forks Market is open year round and the Exchange District, Osborne Village and Corydon areas also host many unique shopping opportunities.

Whatever your reasons to come to Winnipeg, whether it be for the conference theme, to engage with colleagues, to experience Winnipeg, or to reconnect with family and friends, we look forward to welcoming you at the 2015 CAOT Conference, "Occupational Justice: Rising to the Challenge."



Canadian Museum For Human Rights.
Credit: Josel Catindoy

2014 Conference update from the Canadian Occupational Therapy Foundation

The 2014 Conference was a great success for COTF! First of all, thank you to all donors and supporters, to COTF's Industry Committee for having pottery bowls made by Gary Briereley (sponsored by BCS Communications, Centrics, Future Mobility, Invacare, Sunrise Medical and VGM), to Alberta Health for sponsoring the COTF Session and part of the COTF Lunch with a Scholar, and to CAOT for allowing COTF to continue to have a significant presence at the conference.

Fundraising

1. Silent auction: COTF had more than 100 items on the tables and raised \$3,547. Thank you to board members Barb Code, Archie Cooper, Marjorie Hackett and Anick Sauvageau for their tremendous assistance.

This year the COTF Board won a challenge against the CAOT Board to see which group's auction contributions would raise the most money for COTF. Thank you to the board members from both organizations for their in-kind donations and to those of you who purchased them!

2. Other items for sale this year:

- COTF had approximately 200 pottery bowls for sale, which brought in \$3,580.
- Conference t-shirts: This first-time initiative raised \$140.
- Notecards by renowned international artist Jennifer Anesley from Alberta were available in packages of five and raised \$540.

3. Live auction: COTF was very fortunate to have a local volunteer, Hugo Larson, as the live auctioneer. Thank you to Hugo! COTF had 24 items to auction and these were displayed to guests by COTF Board members, CAOT past presidents and members of the local host committee. The grand total raised in the evening was \$5,575!

- COTF chose neon sunglasses as the fun item for the social event, as it fit very well with the 80s theme. Guests were encouraged to donate \$5 for a pair of sunglasses, which raised \$468 for COTF.
- This year, guests were invited to make a nominal donation of \$25 to COTF to reserve a table at the social event. This initiative proved to be well received, as COTF raised \$415!

4. Lunch with a Scholar: COTF was fortunate to have Cher Smith, a Halifax clinician and researcher, as this year's scholar. Her work fits perfectly with COTF's initiative to bring clinicians and researchers together. Cher's presentation was titled, "On the Crest of a Wave: From Clinical Observations to Global Standards." Cher spoke about the work that she does with the Wheelchair Skills Program (<http://www.wheelchairskillsprogram.ca/eng/index.php>).

The fundraising events at the 2014 Conference raised \$14,265, which is equivalent to four doctoral scholarships or two research grants.

Meetings and presentations

1. COTF session: This year, the COTF session was facilitated by COTF president Archie Cooper and Tal Jarus from the Association of Canadian Occupational Therapy University Programs (ACOTUP). COTF has been holding this session since 2009 whereby COTF has been working to build partnerships between clinicians and researchers. This year, participants were specifically asked what both mentees and mentors want from such a relationship, as ACOTUP and COTF are working on a mentorship program. The participants shared wonderful ideas, which COTF will further explore.

2. Awards ceremony: COTF award recipients were called to the stage by COTF president Archie Cooper. COTF Board member Marjorie Hackett was the most deserving recipient of the Helen P. LeVesconte Award. Congratulations to all!

3. COTF annual general meeting (AGM): Thank you to those who attended the AGM. COTF president Archie Cooper provided members with an update on activities that have taken place since October. Clarification was also sought on COTF's financial position as donations have decreased. The primary reason for the decrease is loss of revenue from sponsorship.

4. Meetings: COTF had the opportunity to participate in the Professional Alliance of Canada (PAC) meeting, as well as have meetings with ACOTUP and CAOT to discuss issues of mutual interest. COTF greatly appreciated the opportunity to be present at these meetings.

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CAOT Workshop

Enabling Occupation through the Assessment and Treatment of Cognitive Impairments in Adults

September 26 & 27, 2014

Location: Calgary, Alberta

Register by: September 5, 2014

Presenter: Debby McQuillen

October 31 & November 1, 2014

Location: Winnipeg, Manitoba

Register by: October 9, 2014

Presenter: Debby McQuillen

This two-day hands-on workshop will provide occupational therapists with the opportunity to learn and practice functional structured activities used to assess and treat cognition in adults. We will review a number of standardized assessments and identify their strengths and limitations. We will analyze cognitive components including insight, organization, problem solving, attention, memory, flexibility and executive function and discuss how to identify a client's cognitive strengths, reduce impairment and provide accommodation to enable occupational engagement.



For more information or to register on-line, please visit www.caot.ca/education or contact_education@caot.ca



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